



**King County**  
King County Executive

# Employee Suggestion Program

<b>What is the Employee Suggestion Program?</b>	The Employee Suggestion Program (ESP) provides employees an opportunity to submit and be recognized for innovative and creative ideas for improving county government's ability to serve the public.
<b>Who can participate?</b>	All employees of King County (short-term and contract workers are not eligible) may submit suggestions.
<b>Is participation required?</b>	Participation in the ESP is voluntary and should occur on the employee's own time. Employees can use county e-mail, computers and printers according to Ethics Board guidelines: at negligible or no additional cost to the county, so as not to interfere with county work, and briefly and infrequently.
<b>How do I submit a suggestion?</b>	Read the Eligibility Requirements and ESP information below. Complete the on-line Employee Suggestion Form. Alternatively, hard copies will be made available for employees without computers. Send completed forms to the Executive via inter-office mail C/O Mauricio Martinez at CNK-EX-800. Using the structure of the ESP form, you may also phone in suggestions to 206-263-8500.
<b>How will my suggestion be evaluated?</b>	Teams of subject matter experts from departments will objectively and thoroughly evaluate each suggestion. Also, the Office of Labor Relations reviews all suggestions.
<b>What if my suggestion is implemented?</b>	Authors of implemented suggestions may be invited to meet and discuss their ideas with the Executive.
<b>Where can I get more information about the ESP?</b>	Contact Mauricio Martinez in the Office of the King County Executive with questions regarding the program or the form.

## Eligibility Requirements

### Suggestions that meet the following criteria are eligible:

- Propose cost-effective, practical improvements to county government operations.
- Be specific regarding the improvement expected or how efficiencies can be achieved.
- Be submitted:
  - By an individual employee;
  - By a group of employees submitting the suggestion together and using the same form. (The names of all employees submitting the suggestion should be attached to the form.); or
  - Anonymously. *(All suggestions, including anonymous ones, are subject to public disclosure.)*

### Suggestions may not be eligible if they:

- Are within the employee's individual authority or responsibility to implement;
- Concern matters already under consideration;
- Concern personal grievances, personnel issues or whistleblower complaints; or
- Concern existing policies or procedures that an employee believes are not being followed or that are not being applied properly.

*(Policies & procedures exist to address these situations, please utilize them to ensure proper handling of situations listed as not eligible. Please work with your management team and/or Human Resources as appropriate to address these situations.)*

## ESP Information

- Employees are protected against retaliation for submitting suggestions in that no adverse employment action may be taken against an employee because he/she has exercised his/her rights protected under the law by submitting a suggestion in good faith.
- Be aware suggestions may be published on the Intranet without personal information being identified.
- Decisions made regarding the Employee Suggestion Program submissions are final. However, if new or additional information is presented, a decision may be reviewed.
- The Executive retains the right to change or terminate the Employee Suggestion Program at any time.



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# Employee Suggestion Form

Date Submitted:	
First Name:	
Last Name:	
Job Title: (as it appears on your pay check)	
Telephone:	
E-mail Address:	
Department / Agency:	
Division / Work Group:	
If you are a represented employee, list your labor organization and local.  Name of Union Representative. (if known)	
My suggestion:	<p>_____ Will save money through efficiencies</p> <p>_____ Will increase revenue</p> <p>_____ Will bring cost-effective, practical improvements to county operations</p> <p>_____ Will improve safety</p> <p>_____ Will significantly improve customer service</p> <p>_____ Is in-line with the Countywide Strategic Plan</p> <p>_____ Other (please explain)</p>
<input type="checkbox"/>	Check here if you prefer that your suggestion remain anonymous (Your suggestion is subject to public disclosure)

As noted under Eligibility Requirements, a suggestion may not be eligible for consideration if any of the following apply.	Please check any that may apply
This suggestion is within your authority or responsibility to achieve or change.	
You can make this change without the approval of higher level management.	
As far as you know, this suggestion is already being considered.	
This suggestion relates to a personal grievance, personnel issues or whistleblower complaints.	
This suggestion relates to an existing policy that is not being applied properly.	
You have submitted this suggestion before, within the past year. If so, date and suggestion number:	



# Employee Suggestion Form

1. Describe the present situation, condition, method, or procedure to be improved. Please be specific. What processes, products and/or services are affected?

If completing in hard copy, please attach additional pages if needed. Indicate number of pages attached.

2. What is your suggestion? Be specific – describe the proposed improvement and indicate how and where it can be made or implemented. What teams or organizations need to be involved to implement the improvement?

If completing in hard copy, please attach additional pages if needed. Indicate number of pages attached.

3. How will your suggestion save money, make operations more efficient or effective, increase revenue, improve safety or conditions, improve customer service, or support the Countywide Strategic Plan?

If completing in hard copy, please attach additional pages if needed. Indicate number of pages attached.



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4. What obstacles to implementation of your suggestion do you perceive exist? (Examples: change to county culture; initial capital investment; level of complexity; level of effort)

If completing in hard copy, please attach additional pages if needed. Indicate number of pages attached.

5. If you think your suggestion will save money or result in increased revenues, please describe below. This is not a request for detailed calculations or analysis, but an opportunity for you to present whatever thoughts or information (which may include things you've heard or read) you have regarding possible financial impacts of your suggestion.

If completing in hard copy, please attach additional pages if needed. Indicate number of pages attached.

6. Would your suggestion lead to a one-time savings? Alternatively, would the savings/increased revenue be ongoing?

If completing in hard copy, please attach additional pages if needed. Indicate number of pages attached.

By submitting this form, I certify that I am employed by King County. I have read the eligibility requirements and information as stated on this form, and I agree that King County shall have the right to make full use of my suggestion.